

Social Worker Shame in Child and Family Social Work: Inadequacy, Failure, and the Struggle to Practise Humanely

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Social Worker Shame in Child and Family Social Work: Inadequacy, Failure, and the Struggle to Practise Humanely

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Abstract

Social workers operate within a complex environment where the failure to live up to expectations can lead to negative self-judgements or negative judgements from others, a sense of inadequacy and not feeling 'good enough'. This paper conceptualises such issues through the lens of 'social worker shame' defined through a psychosociocultural understanding of the emotion. The effect of social worker shame on social workers' well-being and practice is considered and begins to conceptualise how an organisation can become shame-sensitive and practitioners shame-resilient with the aim of reducing the potential impact of social worker shame on practice.

Introduction

Shame is a self-conscious emotion that has attracted increased research attention in recent decades, with emergent findings showing strong evidence for the pervasive nature of the emotion (Tangney *et al.*, 2007; Tracy *et al.*, 2007). While the primary focus of the literature has been on shame experienced by clients being treated by therapists (Goldberg, 1991; Miller, 1996; Lansky and Morrison, 1997), this has since been expanded to include service users of other health and social care services (Murphy & Harris, 2007; Jones & Crossley, 2008; Walker, 2011). Consideration has also been given to the impact of shame on the helping professionals themselves, with the primary focus being on shame experienced by therapists and psychologists (Hahn, 2000, 2001; Klinger *et al.*, 2012), physicians (Davidoff, 2002; Bancroft, 2007; Cunningham & Wilson, 2011), and nurses (Felblinger, 2008; Bond, 2009; Sanders *et al.*, 2011; Kaya *et al.*, 2012). While a tentative consideration has been

given to shame's impact on social workers (Walker, 2011), a more detailed application of the extant research findings is needed to consider its potential impact on practice.

Making mistakes and feeling inadequate or not 'good enough' are inevitable human experiences, yet they are not always tolerated by society, by social work organisations or even by social workers themselves. While many of the challenges social workers face have been identified as fear, anxiety and psychological distress (Morrison, 1990; Thompson *et al.*, 1996; Smith *et al.*, 2003; Collins *et al.*, 2010), a reinterpretation of the research findings suggest that shame plays a significant, yet hitherto unidentified, role in these issues. Furthermore, there are indications that shame may play a role in a social workers' ability to practise ethically and humanely. This article outlines the mechanism by which shame may be induced in social workers from a psychosociocultural perspective. Such a view of shame enables a consideration of the impact that shame may have on social workers and social work practice. It is argued that for social workers to be able to practise with care, trust, kindness, and respect (Broadhurst, Hall *et al.*, 2010) social worker shame needs to be addressed on an individual and organisational level.

Understanding Shame

There is a large body of theoretical literature and research evidence by which to understand the concept and the phenomenology of shame. The fields of psychotherapy and psychology have provided a rich source of much of this literature. However, as we are inherently social beings, some have argued that the purely self-focused approach to shame, as traditionally taken by psychology, may be of limited value in understanding the experience of shame (Scheff, 2000; Gilbert, 2007). Certainly, a qualitative grounded theory study, involving 215 individuals, highlighted the importance of the social and cultural context in which shame was experienced (Brown, 2006). Understanding shame therefore requires an appreciation of the complexity of our social worlds and the interplay of the psychological, social, and cultural contexts.

The Psychology of Shame

A psychological approach to shame emphasises the cognitive and emotional processes relevant to the elicitation and experience of shame (Tangney *et al.*, 2007). Such an approach views shame as a result of an individual viewing the self negatively following a mistake or transgression i.e. 'I am bad', as opposed to guilt which can be seen as viewing the behaviour negatively i.e. 'I *did* a bad thing' (Lewis, 1971; Tangney & Dearing, 2004; Tracy & Robins, 2007). That shame results from global negative self-evaluations has been a consistent finding in the research across various methods (Lewis, 1971; Ferguson *et al.*, 1991; Lindsay-Hartz *et al.*, 1995; Wallbott & Scherer, 1995; Tangney *et al.*, 1996), and has resulted in shame being defined in psychology as "an acute awareness of one's flawed and unworthy self" (Tangney & Dearing, 2004, p. 20). However, the self-evaluations necessary to experience shame may not only be explicit, with an individual's conscious awareness, but also implicit, made rapidly, automatically, and outside of conscious control (LeDoux, 1998).

While shame can be experienced as an emotional state, much of the psychological literature has focused on shame as a disposition, where an individual has the tendency to feel shame more routinely, termed shame-proneness (Tangney, 1990; Tangney & Dearing, 2004). It is an individual's tendency to feel shame that has been considered to have a particularly damaging impact on their physical health, mental health, and social behaviour (Lewis, 1995; Tangney *et al.*, 2007). Studies have provided links between shame and a host of psychological difficulties such as anger and hostility, addiction, depression, substance abuse, self-harm, and suicide (Hoblitzelle, 1987; Cook, 1991; O'Connor *et al.*, 1994; Alessandri & Lewis, 1996; Pulakos, 1996; Feiring *et al.*, 1998; Lester, 1998; Tangney and Dearing, 2004). It should be noted that there has been some criticism of such studies due to the theoretical and methodological issues related to researching shame (e.g. Ferguson *et al.*, 1991; Sabini & Silver, 1997; Dost & Yagmurlu, 2008). However, even within such debates it is generally accepted that shame can have a pervasive and negative effect on individuals' lives and relationships.

The Social and Cultural Context of Shame

The human need for love and belonging drives us to compete for inclusion in our social world, to be wanted and chosen by others as a friend, lover, or team member (Gilbert 2003). We may therefore attempt to make good impressions in the minds of others as we seek to create a sense of safety through feeling valued and accepted by others (Greenwald and Harder, 1998). Considering such fundamental human needs, shame may be seen as a warning that other people view us negatively and we are therefore at risk of their rejection, exclusion, or persecution (Gilbert, 2007). Understanding how we think we exist in the minds of others may therefore be as important in understanding shame as how we view the self (Tracy & Robins, 2007).

We have the capacity to think about other people, what they might like, their values, and who they might like and why. We have the ability to consider ourselves in relation to other people and place a value on our self from their perspective (Symons, 2004). And we are able to think about our thinking, feelings, and behaviour, to consider their implications and consequences, and ultimately judge them as good or bad (Wells, 2000). Such abilities create a complex understanding of our social world and our place within it, which results in the development of imaginary audiences (Goffman, 1959) and interpersonal schemas i.e. expectations of how others will view and respond to us based on previous interpersonal experience (Safran, 1990). We may therefore have an acute sense of when the self is viewed negatively by others, which can be experienced as shame (Lewis, 1995).

Such a view would consider shame to be context specific and sensitive to particular social roles. For example, an individual may not feel shame in the context of being a romantic partner but may feel shame due to feeling incompetent in their work. Additionally, an individual may feel proud about their intellectual abilities but may feel shame due to their perception of their own physical appearance (Gilbert, 2007). So while research findings support the notion that shame results from a sense that we are inadequate, inferior, or bad in some way (for reviews see Tangney & Dearing,

2004; Tangney *et al.*, 2007), they also support the notion that shame results from a belief that the self is, in some way, unattractive to others (Allan *et al.*, 1994; Gilbert, 2000; Cheung, 2004).

The 'other' is therefore highly important in the shame experience as a consequence of our need to be valued and accepted. So while shame feels like an internal experience, the internal experience may be seen more specifically as a result of 'external shame' i.e. believing one is evaluated negatively by others (Gilbert, 2007). As individuals are seeking to gain approval and acceptance, their culture provides the norms and values by which to make judgements about them to decide if they should be rewarded with social status or receive punishment (Kaufman, 2004). Ultimately, individuals learn to fear shame due to the disorganising experience of the emotion (Gilbert *et al.*, 1994), and the fear of a negative evaluation is not only considered to be an important element of shame (Blum, 2008) but can be as potent as shame itself (Gilbert, 1989; Tangney & Dearing, 2004).

Shame Coping Behaviours

The intense experience of believing one is inherently inadequate may lead to feelings of incompetence, inferiority, and powerlessness (Andrews *et al.*, 2002; Ferguson *et al.*, 1999) and a range of behaviours have been linked to coping with such feelings. There is evidence to suggest that shame is linked to blaming or even harming the self (Lester, 1998). Others may attempt to avoid or numb their feelings, such as through alcohol or drugs (Ferguson *et al.*, 1999; Andrews *et al.*, 2002; Elison *et al.*, 2006). Some may become submissive and compliant in an attempt to regain acceptance (Gilbert, 2000; Hartling *et al.*, 2000; Tracy & Robins, 2007), while others may attempt to distance themselves from the source of shame by blaming other people (Stuewig *et al.*, 2010). Overall, shame is considered to be linked to a motivation to deny, hide, or escape the shame inducing situation (Tangney *et al.* 2007).

Social Worker Shame

Shame is a 'self-conscious' emotion, in that it requires self-awareness and a capacity for self-representations, and it is inherently linked to issues of living up to moral standards important for self-definition and identity (Tracy *et al.*, 2007). Stanford's (2010) qualitative study of 18 Australian social workers from diverse workplaces expressed the moral standard important for a positive social work identity as doing what was 'right' in relation to working with service users. For these social workers, it was important for their self-definition, and presumably for all practitioners, to be able to "say they had been 'good' practitioners who had done 'good' social work" (Stanford, 2010, p.1075). However, the conceptualisation of what 'good' social work is will be defined by the individual and their life experiences, as well as being influenced by their social groups and the cultural context (Miehls & Moffatt, 2000). Social workers will therefore have a variety of internalised standards, rules, and goals which provide the framework to evaluate their practice in terms of success or failure (Lewis, 1995). While every practitioner's 'good' social work may be an individually complex practice, potentially anything that may expose a practitioner as not doing 'good' social work may induce shame in the practitioner.

Indeed, social workers may feel that the demands placed upon them, personally, organisationally, and professionally, compete and conflict (Munro, 2011a). The significance of such conflicts is illustrated by Tangney *et al.* (1998) in a study involving 229 individuals using a mixed methods approach. Individuals who felt they had not lived up to their own standards, or those of others, tended to experience the self-condemnation of shame. Indeed, a number of studies have shown that shame results from an appraisal that others, whether real or imagined, negatively evaluate the self (Ferguson & Crowley, 1997; Ferguson *et al.*, 2000; Olthof *et al.*, 2004). Such findings have led Ferguson *et al.* (2007) to consider shame to be elicited when an individual possesses an unwanted identity or is ascribed an identity that the individual does not consider represents who they are.

Considering the complexity of the social work task within the social and cultural context in which it operates, and considering the mechanism by which shame may be elicited, social worker shame can be seen as a reaction to a threat to the social worker's sense of personal or professional identity. While the psychological literature suggests that some social workers may be more prone to experiencing shame than others, it may be that all practitioners experience social worker shame in some contexts. And just as Scheff (1988) argues that shame is ubiquitous in society while remaining seemingly unnoticed, this may equally be true for social worker shame. Shame is an emotion that is often unacknowledged by individuals and even where feelings of shame are explicit it is more likely to be misnamed with individuals referring to shame in disguised terms e.g. feeling foolish, stupid, inadequate, defective, or incompetent (Lewis, 1971; Scheff, 1988; Retzinger, 1989; Vuokila-Oikkonen *et al.*, 2002).

Social Worker Shame in Practice

It could be argued that the context in which social work operates sets a foundation for practitioners to experience shame. It is a difficult task to effect lasting behavioural change in any individual, which is made more complex within a backdrop of social exclusion and poverty (Featherstone *et al.* 2013). Shame is often felt as a sense of not being 'good enough', which practitioners may feel when they reflect on how best to work with a family or if their practice has not been helpful. Information about a family and the difficulties they are experiencing can be overwhelming and progress in moving towards positive changes is often very slow or at times not possible. Social workers may evaluate their practice as not meeting their own standards and goals and they can begin to question their own knowledge, skills, and abilities to help the people they are working with, resulting in self-blame for the lack of progress or negative outcomes. Certainly, shame may be felt more acutely where the consequences are more serious, such as when having to seek to remove a child from their home. Such feelings may stem from practitioners' sense of responsibility for not effecting sufficient change for the child to remain at home or even just for splitting the family

up. Indeed, Dahlqvist *et al.* (2009) conducted a qualitative study of 10 psychiatric care professionals and found that they often felt a sense of inadequacy and not being 'good enough'.

Of course, the evaluation of one's practice is complicated by the highly sensitive nature of the work. Service users often feel criticised and judged by social work intervention (Dale, 2004; Davies, 2011) and hostility and aggression from service users are frequent experiences for practitioners. Social workers are only human and in complex emotional situations may say or do something which breaks a set of standards or rules important for personal or professional identity, either through omission or commission. Indeed, practitioners may respond aggressively or not work as diligently in the face of hostility. However, whether mistakes have been made or not, social workers can find they are the subject of a number of complaints such as for not being competent, for trying to wreck families, for not understanding, for not helping enough, for not being like their previous social worker, for the way they dress, for the way they speak, etc. (Stadter, 2011). Such mistakes, criticism, and personal attacks may lead social workers to a troubled conscience as they question themselves and their practice and whether they are competent and capable enough to perform what they consider to be 'good' practice.

The Cultural and Organisational Context

The influence of cultural expectations on public services can be great (Donthu & Yoo, 1998), and newspaper headlines of child deaths can focus national attention on social work services. The social work profession may understand that uncertainty cannot be removed, and that low probability events do happen (Munro, 2010), however the horrific nature of social work tragedies can move societal opinion to expect an infallible system. While the social work profession continues to seek improvements in both practice and systems, the cultural expectations can drive some systems to be designed not only to improve practice but also to avoid a negative judgement of the service (Wastell *et al.*, 2010). The result has been a performance management culture which formally structures social work tasks (Wastell *et al.*, 2010), with an inspection regime which may

judge the whole service, and therefore the individuals, as 'inadequate'. Such a situation can be considered to create a form of professional and organisational fear of being shamed. The problem for practitioners becomes that the pressure from the resulting system e.g. the demands of timescales and performance management, can interfere with what they may consider to be 'good' practice (Broadhurst, Wastell *et al.*, 2010).

While students and newly qualified workers may enter the profession with a set of standards, rules, and goals important to their personal and professional self-definition, social work enculturation requires practitioners to accept a new set of standards, rules, and goals based on performance management and standardised procedures (Wastell *et al.*, 2010). However, this new set of standards may lead practitioners to a troubled conscience based on what they believe is 'right' for the service user and what is 'right' for the organisation (Munro, 2011b). In a study by Balloch *et al.* (1998), which included structured interviews with 144 UK social workers, the greater the conflicting demands between what social workers felt the 'organisation' asked them to do and what they believed they should do, the greater their psychological distress as measured by the GHQ. Indeed, borrowing from the nursing literature, such a phenomenon is referred to by Weinberg (2009) as 'moral distress'. For example, practitioners can feel pressured to 'complete' an assessment within the prescribed timescale despite not having all the necessary information to make the most accurate professional judgement. Or practitioners can feel pressured not to visit a distressed mother in need of emotional support in order to attend to another referral.

Such dilemmas can be understood through the role shame plays in promoting conformity within social groups through the threat of disapproval and rejection (Scheff, 1988; Gilbert, 2000), which organisations may unintentionally reinforce through the threat of discipline (Marx, 2001). A qualitative study by Smith *et al.* (2003), involving 60 UK social workers, identified that social workers feared that had they "acted, or failed to act in expected/unexpected ways" (Smith *et al.*, 2003, p.667) they would gain a bad reputation, be ostracised from the 'group' or even the profession.

While organisations may consider punishment a necessity to deter bad practice (Marx, 2001), the wider effect may be seen in one participant in Smith *et al.*'s (2003) study who believed that the fear of physical assault and death was "not as potent as the fear that she would be complained about and that this complaint would be inappropriately dealt with" (p.668). This may be seen as a generalised shame based fear as it is the threat to their social bonds and personal reputation that is at stake, and may be a reason why social workers in Stanford's (2010) study considered themselves to be 'at risk' from their organisation.

Potential Consequences of Social Worker Shame

Situations in which social workers feel asked to make a decision between what is right for the service user or what is right by the organisation, essentially asks practitioners to choose between their own integrity and their need for social acceptance. Practitioners may either judge themselves negatively for not living up to their own standards or feel negatively judged by seniors, managers, and colleagues for not adhering to organisational expectations. In such situations shame is inevitable. The human cost of such dilemmas may be seen in Stanford's (2010) study where one social worker reflecting on her decision to go against the 'organisation' resulted in her feeling "suicidal for three months" (p.1075). However, practitioners who complain or challenge the organisation, or are struggling with personal dilemmas and psychological distress, may be seen as 'unprofessional' and unable to cope with the social work role (Morrison, 1990). According to Morrison (1990) practitioners must therefore hide the truth that they are struggling to maintain a denial of the human experience of social work in order to be seen as coping to achieve social acceptance. Personal integrity may therefore be undermined by adhering to organisational standards leading practitioners to feel that there is something wrong with them if they are struggling, rather than question agency insensitivity or the nature of the work (Morrison, 1990). An organisational culture that promotes conformity, secrecy, and denial of human experiences may

result in an environment of shame where practitioners blame themselves for poor practice, feeling stressed, and ultimately feeling like they are not helping service users.

However, it was not just a lack of help that social workers in Stanford's (2010) study were concerned about, but that they may harm service users due to them being "overly protective, and/or controlling, and/or punitive, and/or through their incapacity to help" (p.1073). The knowledge that they may indeed be contributing to harm to those they are seeking to help may be a strong source of shame. However, practitioners in this study were concerned about the 'risk' their organisation posed to them, and the 'risk' service users posed as a result of complaints to the organisation (Stanford, 2010). Therefore, Stanford's (2010) observation that "practitioners' fear that they would harm their clients in some way corresponded with their fear of being negatively judged by others" (p. 1073) may indicate shame as the mediating factor. Culpitt (1999) argues that self-protection overrides the ethical concern for others. This is certainly supported by a mixed methods study involving undergraduate students by Leith and Baumeister (1998), which identified that the more an individual felt shame, the less they were able to display empathy. The self-focused nature of shame may therefore lead practitioners to become paralysed by preoccupation with the self (Sanders *et al.*, 2011) rather than do what they consider to be 'right' for the service user.

In social work, self-protection from disapproval and rejection from those in the organisation may be seen as practice designed to 'cover your back' (Walker, 2012). Harris (1987) argued that such defensive practice can see social workers applying agency procedure with little regard to the service user's experience, or being more inclined to use more intrusive interventions, resulting in a disproportionate number of children being subject to child protection plans or being placed in local authority care. Indeed, social workers may develop defensive strategies against shame, such as detachment, hardening, blaming, or cynicism, which Wardhaugh and Wilding (1993) refer to as 'corruption' of practice, which itself can be a source of social worker shame. Furthermore, Sanders *et al.* (2011) suggests that professionals experiencing shame may feel a desire not to disclose

mistakes, or may even lie or attempt to deceive others to hide or cover up their own sense of inadequacy and to avoid further shaming within the organisation. Attempts to minimise the intense experience of shame may lead practitioners to avoid work through absence or sickness or even withdraw from the profession (Morrison, 1990). The role shame plays in staff turnover (Lloyd *et al.*, 2002), or the length of time a qualified social worker remains practising (Curtis *et al.*, 2012), should therefore be considered.

Observers of social work practice have questioned if social workers are “losing the capacity for empathy with parents and families in acute distress” (Dale *et al.*, 2005, p.102). Yet, it may be inevitable that practice based within an organisation that promotes shame “may in due course produce people who are amoral or immoral, because they are deprived of a proper sense of agency, moral responsibility, and capacity to act and make judgements for themselves” (Sanders *et al.*, 2011, p.86).

Managing Social Worker Shame and Improving Practice

The question of whether social work services can be improved has been a long running professional and political debate resulting in a wide variety of reforms and practice frameworks (Reisch & Jani, 2012). However, the experience of those on the receiving end of social work services remains highly variable, and at times personally damaging (Dale, 2004), leading some to advocate for a more humane social work practice based on care, trust, kindness, and respect (Broadhurst, Hall *et al.* 2010). While shame has not been specifically considered in the debates around improving social work practice (e.g. Munro, 2011a), it may be the case that attending to issues of shame plays an important role in the development of a more humane system, for both service users and social workers.

To deny that we have flaws and make mistakes is to deny that we are human (Nussbaum, 2004), yet many practitioners struggle with not living up to their own practice standards. For social

workers to develop resilience to shame they may therefore need to develop self-compassion (Gilbert & Procter, 2006; Neff *et al.*, 2007) to appreciate that feeling inadequate and incompetent is a shared human experience and that mistakes are an inevitable part of life and necessary for learning. A qualitative study involving 8 professionals identified by peers as being 'exceptional practitioners' identified that their improved ability to be sensitive and supportive of service users stemmed from their "struggles with difficult personal issues and experiences" (Wolgien & Coady, 1997, p.32). Indeed, their practice was "marked by sensitivity, empathy, interest, respect for the normalcy of human problems, humility and openness" (Wolgien & Coady, 1997, p.32), which had been aided by their understanding and addressing their own personal struggles.

However, efforts to overcome the effects of shame must go beyond individual shame resilience to develop a shame sensitive organisation which maintains and repairs social bonds (Brown, 2006; Van Vliet, 2008; Leeming & Boyle, 2011). Individuals may need to discuss their internal experiences with others (Ruch, 2002) to challenge the thoughts associated with feeling shame (Brown, 2006). Yet disclosing internal experiences to others requires the individual to make themselves vulnerable (Brown *et al.*, 2011), which may feel counter-intuitive as vulnerability can feel highly exposing. Nevertheless, such vulnerability was exactly what mitigated the feelings of shame in the professionals in Dahlqvist *et al.*'s (2009) study, as it enabled them to feel their practice was 'good enough' (Dahlqvist *et al.*, 2009). The issue for practitioners in statutory social work is that finding the courage to be vulnerable requires trust, which is an attribute that social work organisations currently struggle to engender.

Similar issues have been debated within the health care context where patient safety has been put at risk by mistakes or near misses being kept hidden due to employees' fears of being blamed for honest mistakes or failures in systems beyond their control (Marx, 2001). The idea of a 'just culture' is a move away from such an environment and towards an error-tolerant one by seeking to learn from human errors and system failures (Marx, 2001). A central tenant of a just

culture is a sense of psychological safety (Frankel *et al.*, 2006), where employees feel accepted and valued and they feel safe to take interpersonal risks within their team due to confidence that the team will not blame, reject, or punish them for speaking up (Edmondson, 1999). While not explicitly discussed, it could be argued that shame plays a role in the issues that endanger patient safety and that containing the issues of shame (Menzies, 1960; Bion, 1962; Ruch, 2007) through a sense of psychological safety plays an important role in creating a 'just culture'. A belief that the organisation will treat practitioners in a just manner may therefore be an important element of creating a shame sensitive organisation.

Conclusion

Over the last few decades, the research into shame has provided a strong knowledge base into the toxic nature of shame on individuals and their inter-personal relationships. While the research focus has generally avoided the issue of shame experienced by professionals, this has begun to change in recent years. This paper has attempted to consider the relevance of the findings from shame research to social work practitioners and has argued that shame may potentially be an important issue for social workers, even though this may have been misnamed or unacknowledged. There are indications that shame may be at the heart of some of the more difficult aspects of the social work role producing high levels of psychological distress, creating defensive practice, adversely impacting on service users' experience of the service and potentially harming service users. However, addressing social worker shame is complex requiring an appreciation of the true impact of the work on practitioners and the realities of human frailties. Creating an environment that promotes shame resilience requires a shift from the more negative aspects of a performance management culture and towards a just culture with empathic relationships along with individual courage to be vulnerable in the face of adversity.

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